



Weighing

the

Evidence

A Report

on B.C.'s

Children

and

Youth

1999 Annual Report

Patricia B. Johnson, Children's Commissioner

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June 2000

Honourable Andrew Petter
Attorney General

I have the honour to transmit herewith my annual report to you, to be laid before the Assembly in accordance with the provision of Part 2, Sections 9 (1) (a) and (4) of the Children's Commission Act.

Paul Pallan
Children's Commissioner

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Preface

The Children's Commission 1999 annual report, *Weighing the Evidence*, documents the commission's work in 1999, and presents the information we have about British Columbia's children and youth. Based on this information, the report recommends a wide range of actions that need to be taken, over both the long and short terms, and at every level of society, in order to improve the well-being of children and youth in this province.

The report confirms that the change agenda that was set out by Judge Gove is the right one; what we need to do is move more quickly from words to the actions that will bring us closer to being a society that truly makes its children a priority.

"Part One: The Children's Commission" includes an introduction by Children's Commissioner Paul Pallan, a brief "snapshot" of B.C.'s children and youth, a description of the commission's work in 1999, and an update on responses to major recommendations made by the commission since 1996.

"Part Two: The Evidence and What It Tells Us" presents information about children and youth across a variety of dimensions, including:

- children and youth in B.C.
- progress in relation to the Gove Report
- what the commission has learned from its work in 1999
- what stakeholders have told the commission.

"Part Three: Acting on the Evidence" sets out a range of actions that need to be taken, based on the evidence presented in part two. Broad directions include the need for:

- society as a whole to listen to the views of children and youth, respect their legislated rights, and make children and youth a higher priority
- the federal government to work co-operatively with the province to advance the National Children's Agenda, and to commit to long-term sustainable funding for children's programs
- the provincial government to place a higher priority on children and youth, protect resources for children and youth in the same way that health and education resources are protected, and increase integration of services for children and youth.

Specific tasks identified for the Ministry for Children and Families in 2000 include:

- development and implementation of plans to reduce waitlists for services for children with special needs
- development of a clear implementation plan for the Aboriginal strategy
- provision of adequate resources and supports for youth with mental health needs
- considerable expansion of its efforts in the area of prevention and early support, including expansion of the Building Blocks initiative
- improved services and supports to children and youth in care.

The commission gratefully acknowledges the many people and organizations that have provided information used in this report and that offer valuable advice and expertise to the commission. In particular, we thank the members of the Multidisciplinary Team and the tribunal panel members for their important contributions.



From the Children's Commissioner

Weighing the Evidence is the third annual report produced by the Children's Commission and the first since my appointment as Children's Commissioner in September 1999.



The issues facing children and youth, and the efforts of various parts of society to address those issues, are the subject of very charged debate—and rightly so. They are of profound importance. While there are plenty of opinions, there is often a lack of agreement on or commitment to addressing the issues. *Weighing the Evidence* is intended to raise awareness about the issues, to help foster a rational discussion about them at every level of society, and to revitalize our commitment to improving services for children and youth in British Columbia.

The Children's Commission is unique in the wide range of information about children and youth that it collects and analyzes. Our ability to provide ongoing factual information about the problems facing children and youth—and the solutions—in turn provides families, communities, child-serving professionals and government with concrete and focused ideas on how to make things better for children and youth.

We are collecting the kinds of information we need—the evidence—to measure how well we are meeting the needs of children and youth. However, *Weighing the Evidence* continues to lay out the information we have about how children and youth are doing in B.C., and looks at progress in a variety of different ways. It also creates a foundation for future reports, which will take an increasingly evidence-based approach to reporting on how we as a society address the needs of children and youth.

As Children's Commissioner only for the last three months of 1999, I am still new at the job and continue to learn about the needs of B.C.'s children and youth and the child-serving system's efforts to meet those needs. But it is very clear to me not only that we all need to do better at responding to the needs and interests of our children and youth, but also that we *can* do better. Ways of doing better exist; we just need the courage and commitment, from every part of society, first to admit to weaknesses in the child serving system and then to put ways of doing better into action. We also need to celebrate improvements when they happen.

As a society, we have a choice: we can invest in our children early, or pay a much greater price later on. There is solid research that supports this. I will therefore be working hard in my role as Children's Commissioner to ensure that children and youth have a more prominent place on the public policy agenda.

I would like to express my gratitude to Cynthia Morton, who, as Transition Commissioner and the first Children's Commissioner, laid the groundwork for all aspects of the Children's Commission; to John Greschner for the important role he played as Acting Children's Commissioner in maintaining continuity and stability in the commission; and to the staff of the commission, for the commitment and professionalism they bring to our work.

"Act with any child in the same way that you would your own child."

—A First Nations teacher

I also want to thank all the many children and youth of our province who help to make their communities more welcoming, healthier and safer for all—with special thanks to the more than 1,000 young people who volunteered to participate in the development of our 1999 Youth Report, which focuses on pre-teens and teens.

And finally, I want to pay tribute to parents, communities and workers in the child-serving system for all their hard work and their dedication to making B.C. a better place for its children and youth.



Paul Pallan
Children's Commissioner

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B.C.'s Children and Youth: A Snapshot

- In 2000, it is expected that there will be 953,000 children under age 18 in B.C., representing 23.4 per cent of the total population of the province. This compares with 811,000 children and 25.4 per cent in 1989, and 937,500 children and 24.8 per cent in 1995. So while the actual population of this age group increased by 17.5 per cent over a 10-year period, its percentage of the total population of the province has decreased.

More children, but a smaller portion of the population

	Number of children	Percent of population
1989	811,000	25.4%
1995	937,500	24.8%
2000	953,000	23.4%

- In 1986, children accounted for 36 per cent of the population of northern B.C., while in southern B.C. they accounted for just over 26 per cent. In 2000, these figures are expected to be 31 per cent in the north and just over 24 per cent in the south.
- In 1986, 69 per cent of B.C.'s child population lived in the larger urban areas, while 14 per cent lived in rural areas. In 2000, these figures are expected to be 73 per cent in urban areas and 11 per cent in rural areas.
- Approximately eight per cent of the children in B.C. are Aboriginal. However, 17 per cent of the children in care in the South Fraser Region and 64 per cent of children in care in the North Region are Aboriginal. On average, about 37 per cent of the children in continuing custody are Aboriginal.

Older population in the cities, younger population in rural areas

More urbanization

- Children and youth under 20 years of age make up more than one-third of the Aboriginal population, but only one-quarter of the population of all B.C. residents.

Younger Aboriginal population

- The Aboriginal population is younger than other populations in B.C. In 1998, the average age of the Aboriginal population was approximately 28 years, compared to approximately 37 years for other B.C. residents.
- At least 75 per cent of Aboriginal people live off reserve.

A multicultural urban population

- English as a Second Language (ESL) students make up about 10 per cent of the public school population. Over the past decade, there has been a 75 per cent increase in ESL students, although enrolment has dropped by four per cent over the past five years. Over 60 per cent of the province's ESL students attend schools in Surrey, Vancouver and Richmond.

More working parents

- About one-third of children in B.C. aged 0 to 11 years receive some form of non-parental child care.

Rising poverty

- Many families with children have seen their income drop between 1991 and 1996.
- In Canada in 1997, 571,000 (41.3 per cent) of the 1,384,000 children living in poverty were in single-parent families. In 1980, these figures were significantly lower, with 320,000 (32.5 per cent) of the 984,000 children living in poverty being in single-parent families.

		Percentage of children in poverty	
		1980	1997
		62.2%	52.5%
		32.5%	41.3%

- An estimated nine per cent of children in B.C. participate in school meal programs.

More income, more opportunities

- About 54 per cent of students living in high-income neighbourhoods attend post-secondary institutions. Only 38 per cent of students living in low-income neighbourhoods attend post-secondary institutions.

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	Children living in poverty	Percentage of two-parent families	Percentage of single-parent families
1980	984,000	62.2%	32.5%
1997	1,384,000	53%	41.3%

More income, more opportunities

- An estimated nine per cent of children in B.C. participate in school meal programs.
- About 54 per cent of students living in high-income neighbourhoods attend post-secondary institutions. Only 38 per cent of students living in low-income neighbourhoods attend post-secondary institutions.

Who We Are and What We Do

The Children's Commission is a unique institution in Canada. Created by the government of B.C. in 1996 in response to the Gove Inquiry into Child Protection, the Children's Commission has a mandate to:

- review all deaths of children in B.C., and investigate those which the commission decides require an investigation to determine the adequacy of services or examine public health or policy issues
- review and investigate critical injuries sustained by children in care
- make recommendations concerning deaths or critical injuries investigated if the commission considers this will enhance the safety and protection of other children
- hear and resolve complaints made to the commission about breaches of the rights of children in care and decisions made about designated services to children by the Ministry for Children and Families
- set standards for the internal review of complaints about provision of services to children by the Ministry for Children and Families, and monitor adherence to those standards
- review plans of care for children in continuing custody of the Ministry for Children and Families, and ensure these plans meet legislative and policy standards, and
- inform the people of B.C. about the state of the province's child- and family-serving system, and invite public comment on the commission's work.

In addition to government ministries and other child-serving agencies, the Children's Commission also works with:

- the Office of the Child, Youth and Family Advocate, which acts as an advocate for individual children in their relationships with government and communities
- the Office of the Ombudsman, which deals with procedural complaints about unfair treatment by agencies including provincial government ministries, local governments, school boards and hospitals
- a multidisciplinary team of advisors who meet regularly to review fatality investigation reports
- the Youth in Care Network, which provides the commission with advice on the needs and concerns of children and youth in care and of youth in custody facilities
- Aboriginal organizations, which help the commission to stay current on issues and concerns facing Aboriginal children, youth and communities.

The commission reports to government through the Attorney General. In addition, we regularly provide the general public with information about our activities and findings. This information includes regular reports on reviews of child fatalities, and public release of tribunal panel decisions on complaints. Annual reports provide the opportunity to report on our other activities, such as care plan reviews.

The rest of this section includes descriptions and highlights of the major areas of the commission's work. More detail can be found in the separate program area reports, including *Fatality and Critical Injury Review*, *Recommendations and Responses Tracking*, *Comprehensive Plans of Care Reviews* and *Complaint Resolution and Review*, which are companion documents to *Weighing the Evidence*. (See page 71 for information on how to get copies of the program area reports.)

FATALITY REVIEWS

The commission is informed of all cases of children and youth who die before their 19th birthday. All unexpected deaths are reviewed, as are the deaths of all children in care of the government or of children who were receiving significant services from the Ministry for Children and Families. For other deaths, we look at the basic information to decide whether to undertake a review. The purpose of a review is to determine the adequacy of services for the child (including but not limited to health and social services, the justice system and the school system). Some reviews also lead to an examination of public health and policy matters. The commission determines if any steps could have been taken that would have prevented a death or provided better care. If any are discovered, the commission makes recommendations and works with ministries and agencies to improve services and supports for children and youth in similar circumstances.

Summary for 1999

- In 1999, 379 deaths of children and youth were reported to us.
- We are conducting reviews in 233 of these deaths, including 116 for youth aged 13 to 18, 66 for children aged one to 12, and 51 for infants under age one. (Decisions to review are pending in three cases.)
- Since the commission began in 1996, we have completed and released to the public 417 fatality reviews, including 129 reviews completed in 1999. An additional 13 reviews have been completed but have not been released publicly, pending completion of criminal or other review processes.
- In 1999, we made 154 new recommendations as a result of reviews of 129 deaths completed during this period.

(More detailed information on the number of deaths is included in the table on page 26.)

REVIEWS OF CRITICAL INJURIES TO CHILDREN IN CARE

The commission reviews critical injuries that happen to children and youth in government care, to ensure that policies and standards were followed and to make recommendations on how such cases could be avoided in future. A critical injury is where the child could have died or where the injury resulted in serious impairment of the child's physical health.

Summary for 1999

- In 1999, the commission completed three critical injury reviews.
- In two reported cases, adolescents made serious attempts at suicide. In both cases, there had been multiple placements over time, and there were warning signs of escalating problems. In one of the cases, sexual abuse played a significant role in the child's life. In the third case, a young child was injured as the result of a fall.
- Considerable improvements in ensuring accurate reporting of critical injuries by MCF were made in the latter part of 1999. More complete reporting on critical injuries will be included in the commission's 2000 annual report.

COMPLAINTS PROCESS STANDARDS

Under the Children's Commission Act, the commission sets broad standards for the Ministry for Children and Families' complaints process related to services to children and youth. These standards require the complaints process to be:

- child-centred—i.e., the process is guided by the best interests of the child and takes into account the views of the child
- fair—i.e., the process is applied consistently throughout the province and is consistent with the principles of administrative fairness
- accessible—i.e., there are no barriers to accessing the process, and
- responsive—i.e., complaints are addressed as quickly as possible.

In late 1999, the commission collaborated with the Child, Youth and Family Advocate in conducting an evaluation of the ministry's complaint process against this set of standards.

COMPLAINT REVIEWS

The Children's Commission reviews complaints about breaches of rights of children in care and about decisions concerning services provided by the Ministry for Children and Families for a child. If a complaint is not resolved through the ministry's internal complaint resolution process, a child or youth or his or her advocate can then make a complaint directly to the Children's Commission.

We try to resolve complaints informally wherever possible. In some situations, however, the Children's Commissioner will have the complaint more formally reviewed by an independent tribunal panel.

The rights of children in care, as set out in Section 70 of the Child, Family and Community Service Act, are shown on page 11.

Rights of children in care

70 (1) Children in care have the following rights:

- (a) to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children in the placement;
- (b) to be informed about their plans of care;
- (c) to be consulted and to express their views, according to their abilities, about significant decisions affecting them;
- (d) to reasonable privacy and to possession of their personal belongings;
- (e) to be free from corporal punishment;
- (f) to be informed of the standard of behaviour expected by their caregivers and of the consequences of not meeting their caregivers' expectations;
- (g) to receive medical and dental care when required;
- (h) to participate in social and recreational activities if available and appropriate and according to their abilities and interests;
- (i) to receive the religious instruction and to participate in the religious activities of their choice;
- (j) to receive guidance and encouragement to maintain their cultural heritage;
- (k) to be provided with an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care;
- (l) to privacy during discussions with members of their families, subject to subsection (2);
- (m) to privacy during discussions with a lawyer, the Child, Youth and Family Advocate, the Ombudsman, a member of the Legislative Assembly or a member of Parliament;
- (n) to be informed about and to be assisted in contacting the Child, Youth and Family Advocate;
- (o) to be informed of their rights under this Act and the procedures available for enforcing their rights.

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Summary for 1999

- In 1999, the commission received 867 complaint issues in 319 complaint files—a 39 per cent increase over 1998.
- Including 249 complaint issues carried over from 1998, the number of issues dealt with by three complaint resolution officers in 1999 was 1,116 (in 407 files).
- Commission staff closed 833 complaint issues in 343 complaint files—a 48.5 per cent increase over 1998.
- Of the 867 complaint issues received in 1999, 302 (35 per cent) were about an alleged breach of a child's Section 70 rights, and 565 (65 per cent) were about a Ministry for Children and Families decision concerning services to a child or youth.
- The most common alleged breaches of Section 70 rights involved 70(1)(a) (32 per cent). Sections 70(1)(b) and (c) together accounted for another 41 per cent.
- The most common complaints about ministry decisions concerned child protection investigations (25 per cent) and placement decisions for children in care (22 per cent).
- There were very few complaints from youth in the corrections system (two per cent of complaints received). An outreach project was initiated to shed light on this low number. The commission will be evaluating the project and will report on the results in the 2000 annual report.
- There were a growing number of complaints about access to special needs services, and a number of these have been referred for panel review.
- Of the children who were the subject of complaints, 32 per cent were reported to be Aboriginal.

Note:

A file is opened when a complaint has been submitted. In most cases, the file relates to one child or youth, but in some cases, more than one child could be involved. In addition, within each file, more than one issue may be raised by the complainant.

Case example: Rights

The Child, Youth and Family Advocate brought a complaint to the Children's Commission on behalf of a 17-year-old youth. The youth alleged his Section 70 rights had been breached as a result of the Ministry for Children and Families deciding to close the group home he lived in and the way he was treated when the decision was made.

Children's Commission staff worked with the advocate and the ministry to ensure that a new plan of care was developed for the youth that included him in the planning process. The new plan involved having the youth live with a relative. The youth is reported to be doing well in this situation.

Note:

Once decisions are final, they are posted on the Children's Commission Web site:

www.childservices.gov.bc.ca

- The most common complainants on behalf of children were parents (50 per cent) and other family members (13 per cent). Children themselves were the complainant in 11 per cent of the complaint issues received (up from four per cent in 1998).

TRIBUNAL PANELS

After the appointment of the new Children's Commissioner in September 1999, responsibility for resolution of complaints by commission staff was separated from the functions of the Tribunal Division. The Deputy Commissioner and Chief Investigator is now responsible for the Tribunal Division, while the Director, Complaint Resolution and Review is responsible for the commission's complaint resolution officers. The purpose of this change is to reinforce the independent nature of the tribunal panels, and to clearly distinguish the roles of the panels from those of commission staff.

Summary for 1999

- In 1999, 10 complaints were referred to tribunal panels. An additional three cases that were initially referred in 1998 were also before panels this year.
- By the end of 1999, one panel had completed its review, and the decision has been published. Several others were close to completion and were published in early 2000.
- While information about the reviews in process cannot be disclosed before their completion, the 13 panel review deal with complaints about rights violations and complaints involving decisions about services. The cases involve children and youth of all ages, and the complaints are about a wide variety of issues. For example, several panels are looking at access to early intervention and special needs services; other cases focus on the adequacy of child protection investigations.

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CARE PLAN REVIEWS

Children in the continuing custody of government are vulnerable to "drifting" from one placement to another, and to poor health and school outcomes, often because there has been little effective planning for their future. Comprehensive planning, with an emphasis on needs assessment and services to meet those needs, is vital for the well-being of these children and youth. The commission monitors the planning for children and youth who are in government care to ensure that the Ministry for Children and Families is complying with legislated requirements and with its own policy and standards.

Each month, the commission receives a list of all children in care, and from the list identifies a sample of children in continuing custody. The commission then requests the care plans and placement histories for these children from the ministry and does an initial review. If the commission finds the care plan non-compliant, the plan is returned to the region for revision. Any plans that remain non-compliant after the regional review are sent to the Director of Child Protection for review and follow-up.

Summary for 1999

- The commission requested 464 initial care plans. The commission has received and conducted 437 initial care plan reviews. Twenty per cent of current plans were fully compliant and the remainder were returned to the ministry for revision. Though much work is still required in care planning, this is an improvement over 1998, where only eight per cent of current plans were fully compliant.
- Of the care plans returned to the ministry for revisions, 45 per cent were fully compliant after revisions, an increase from 35 per cent in the previous year.
- The commission requested 172 reviews by the Director of Child Protection. Of the plans sent back to the Director of Child Protection for review and revision, 94 per cent were fully compliant when returned to the commission.
- A new monitoring and review database system was developed.

POLICY, RESEARCH AND EVALUATION

In addition to the program areas, a significant portion of the commission's work focuses on the broader systemic issues in the child-serving system and on providing research-based evidence for the work we do.

Examples of activities in 1999

- provided the Ministry for Children and Families with significant comment and advice regarding guardianship standards, youth agreement proposals and the report of the Secure Care Working Group
- began monitoring the review of special needs policy/service delivery by the Ministry for Children and Families and the Ministry of Education (the commission will comment on these when they are released)
- began to develop protocols with First Nations child and family service agencies who are delegated to provide services under the Child, Family and Community Services Act; the purpose of these protocols is to ensure a clear understanding of how such agencies will work with the commission to meet the requirements of the commission's work (e.g., the complaint resolution process)
- distributed a questionnaire to key stakeholders in the child-serving system to ascertain their views about the system
- worked with youth who conducted literature searches regarding risk and protective factors for Aboriginal and multicultural children and youth
- in partnership with the Child, Youth and Family Advocate, conducted an evaluation of the complaint review process across the Ministry for Children and Families, the Children's Commission and the Child, Youth and Family Advocate.

PUBLIC EDUCATION

The commission regularly makes reports to the public about its findings, including progress made in implementing its recommendations.

Summary for 1999

- published:
 - Children's Commission 1998 annual report
 - *1999 Youth Report*
 - *Recommendations and Responses Summary Document*
 - *Complaints Evaluation Report*
 - *The Status of the Child and Family Serving System in British Columbia: Regional Issues for Managers and Front-line Service Providers*
 - 129 fatality reports

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Following up on Our Work

The Children's Commission began reviewing the deaths of all children in B.C. in the fall of 1996. In addition to all new fatalities, the commission was asked by government to investigate the deaths of 140 children who had died between 1992 and 1996 and who were known to the child protection system.

Over the past three years, the commission has completed and made public 417 fatality investigation reports, including all but one of the original 140. As a result of these fatality investigations, the commission has made 727 recommendations, many of which are case-specific, with others applying more broadly to the child-serving system. Table 1 shows the recommendations in categories. Table 2 shows the type of agency that received them. (The total number of recommendations used in Table 2 is 881, as a result of recommendations that were assigned to more than one agency or ministry.)

TABLE 1: RECOMMENDATIONS BY CATEGORY

Recommendation category	Total number of recommendations
Integrated case management	117
Services to youth	95
Prevention and early intervention	98
Risk assessment	63
Information sharing	115
Education and training	76
Services to Aboriginal children and youth	27
Safety and injury prevention	116
Public education	10
Communications	5
Total number of recommendations	727



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Safety and injury prevention	116
Public education	10
Commendations	5
Total number of recommendations	727

TABLE 2: RECOMMENDATIONS BY AGENCY TYPE

Agency type	Number of recommendations assigned
Provincial ministries*	521
Hospitals	50
Other medical organizations	41
Aboriginal agencies/bands/councils	38
Federal ministries/departments	34
Community health boards	29
School boards/districts	23
Crown corporations	23
RCMP detachments	22
Provincial Coroner	16
Municipalities	15
Community agencies	11
Sub-total	823
Other agency types (media, recreational organizations, post-secondary institutions, etc.)	58
Total number of recommendations	881

* The Ministry for Children and Families has received 351 (40 per cent) of the recommendations assigned by the commission since its inception.

Most responses to these recommendations, received from ministries, agencies and others, have indicated agreement with the content of the recommendation and have generally been comprehensive in nature, indicating that the issues or concerns raised by the commission are being or will be addressed through actions outlined in the response.

The commission has closed 44 of its recommendations, as they are fully implemented. A further 170 recommendations are currently being considered for closure. Most of these relate to case-specific recommendations. The 513 that remain unclosed are for the most part complex and longer term, were recently received, involve new resources and/or have been partially implemented. The commission continues to track the progress of that implementation through ongoing requests for updates.



TABLE 2: RECOMMENDATIONS BY AGENCY TYPE

Agency type	Number of recommendations accepted
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Other medical organizations	41
Aboriginal agencies/bands/councils	38
Federal ministries/departments	34
Community health boards	29
School boards/districts	23
Crown corporations	23
RCMP detachments	22
Provincial Coroner	16
Municipalities	15
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Sub-total	823
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Total number of recommendations	891

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In 1999, the commission published a detailed *Recommendations and Responses Summary Document*, which provided information on the implementation of case-specific and systemic recommendations and included an assessment of what needed to be done in 1999. This section of the annual report provides a brief update of some of the key systemic recommendations made by the commission. More detailed information can be found in the companion document *Recommendations and Responses Tracking* (see page 71 for information on how to get a copy from the commission).

UPDATE ON KEY RECOMMENDATIONS

Hospital discharge planning for high-risk infants



Recommendation: The commission recommended that the Children's and Women's Health Centre of B.C. develop discharge policies designed to meet the needs of high-risk infants.



Response: *Guidelines for Perinatal Care of Substance-Using Women and Their Infants* were finalized in November 1999. The British Columbia Reproductive Care Program (BCRCP) is distributing the guidelines throughout the province as part of their ongoing outreach and educational work. The practice recommendations outlined in the guidelines are expected to be incorporated into existing hospital practices across the province to help improve outcomes for these families.

Alternatives to school suspension



Recommendation: The commission recommended that the Ministry of Education take a more in-depth and uniform approach to the issue of school suspension through standardized policies.



Response: The ministry reviewed best practices for preventing suspensions and created a resource document, *Focus on Suspension: A Resource for Schools*, which was sent to all schools across the province in May 1999.

Integrated case management



Recommendation: The commission recommended that the Ministry for Children and Families develop an appropriate integrated case management (ICM) policy and implement a province-wide ICM approach to assess and plan for children, youth and families who receive ministry services.



Response: In October 1999, the ministry completed *Integrated Case Management: A Training Guide*. Training of ministry staff using this guide has begun. The ministry is also producing a best practice manual, *Integrated Case Management: A User's Guide*, which is in the final stages of revision and will be broadly distributed later in 2000.



Note: While the Ministry for Children and Families has made strides in implementing ICM, implementation has been inconsistent from region to region and the commission continues to identify problems with inter-ministry co-ordination in case management and planning.

Training



Recommendation: The commission recommended that the Ministry for Children and Families ensure that child protection and guardianship workers receive specialized training in child protection investigations, risk assessment, case management and care planning before taking on full job responsibilities.



Response: The ministry developed child protection and guardianship competencies and worked with post-secondary institutions and the Justice Institute to prepare curriculum. The Justice Institute currently provides a 12-week Child Protection Pre-employment Training Program. A total of 126 students have been through the training and another 60 are expected to take the training in the next few sessions.

Motor vehicle accidents



Recommendations: The commission recommended that the Insurance Corporation of B.C. (ICBC):

- ensure that new drivers receive comprehensive education on the importance of using child restraints, as a requirement of acquiring a driver's licence and as a component of the Graduated Licensing Program
- develop a targeted program to increase seatbelt compliance among youth, with a specific component to address the higher rate of noncompliance among youth in the rural and northern areas of the province
- incorporate information on the risks of driving for extended periods of time and driving fatigue into their existing public education campaigns on driver awareness and safety
- incorporate a zero-tolerance policy for any traffic violations involving excessive speed and other dangerous driving offences during both the six-month learner period and the 18-month intermediate period of the new Graduated Licensing Program



Response: ICBC has developed and implemented numerous initiatives, including:

- the *Safe Driving Guide*, which is available to all new drivers and includes information on seatbelt and child restraint use
- a requirement of the new driver-training curriculum for drivers to demonstrate competence in using safety devices, including seatbelts, head restraints and child restraint systems
- radio campaigns aimed to raise awareness of seatbelt use in the most vulnerable regions of northern B.C., central Vancouver Island and the eastern Fraser Valley
- extension of the Road Safety Career and Personal Planning packages to include Grade 9, with new lessons having a strong focus on seatbelts

- piloting of a new program, "Road Sensibility," for "soon-to be" young drivers, which includes opportunities for facilitators to discuss the seatbelt issue from a number of perspectives
- a study completed in fall 1998 measuring the ability of fatigued commercial drivers to maintain proper control of the vehicle with respect to speed and lane position, with the aim of assisting the industry in developing appropriate cab warning devices
- a study in 1999 to identify criteria that could practically and consistently be used to detect a decline in driving performance from a loss of alertness due to fatigue
- changes by the Office of Superintendent of Motor Vehicles resulting in drivers receiving severe warnings after one speeding ticket and prohibition from driving after two, and, under the Graduated Licensing Program, new drivers being prohibited after only one dangerous or criminal driving offence.



Note: The commission has supported implementation of the Graduated Licensing Program on many occasions. The Graduated Licensing Program was introduced in August 1998, and, although it is still too early to measure the effects of the program in B.C., the commission will continue to follow up with ICBC as it evaluates the program.

Youth strategy



Recommendation: The commission recommended that the Ministry for Children and Families develop and implement initiatives to ensure the needs of youth are met, especially those at risk.



Response: The ministry has:

- developed a youth policy framework, which articulates principles and strategies for addressing the needs of vulnerable youth

- amended the *Child, Family and Community Service Act* (CFCSA) in order to implement service agreements with youth and strengthen the government's ability to intervene to reduce the risk of sexual exploitation
- piloted and implemented youth agreements in some regions
- committed to developing a "secure care" option, which would allow the ministry to keep carefully selected youth who are at chronic risk of harming themselves or others safe for a designated length of time
- established a Sexual Exploitation Task Force, which is developing intervention strategies, programs and public awareness campaigns to combat the sexual exploitation of children and youth in B.C.



Note: While some progress has been made in regard to a youth strategy, significant implementation issues remain. The commission's complaint resolution activities and reviews of care plans indicate that access to needed services—especially mental health and counselling services and comprehensive planning for health, safety, permanency and successful transitioning into adulthood—have been a persistent problem for youth.

Promotion, prevention and early support strategy



Recommendation: The commission recommended that the Ministry for Children and Families develop and implement initiatives to ensure the safety and health of children and youth.



Response: The ministry announced the Building Blocks strategy in 1998. The ministry's "Overview of the Formative Evaluation of the Building Blocks Strategy" shows that the sites have achieved some successes, especially in relation to establishing networks and partnerships to fill gaps in services to a targeted client group.

However, the preliminary Building Blocks evaluation also points to significant issues, including:

- lack of a link to an overall provincial strategy

- lack of a link to other provincial initiatives such as child care and the National Children's Agenda
- insecurity of ongoing or new funding to sustain or expand service delivery, and
- lack of consistency of data-gathering related to outcomes and reporting of results.



Note: The commission continues to be concerned that an overall strategic provincial policy and implementation plan for promotion, prevention and early support has not been developed and implemented. Judge Gove; the Transition Commissioner for Child and Youth Services; the Child, Youth and Family Advocate; and the Children's Commissioner have consistently advised government to invest more in these activities in order to avoid more costly interventions later.



Aboriginal strategy

Recommendation: The commission recommended that the Ministry for Children and Families develop and implement initiatives to improve the delivery of services to Aboriginal children and youth.



Response: The ministry released its Aboriginal strategy, *Strategic Plan for Aboriginal Services*, in January 1999 and is now implementing it. The strategy articulates the service principles and organizational commitments that should apply to the process of building capacity in Aboriginal communities and devolving service delivery to them.



Note: The commission believes that successful implementation of the Aboriginal strategy is critical to the health and well-being of Aboriginal children and youth. Aboriginal communities must be full partners in the implementation process.

PART 2: THE EVIDENCE AND WHAT IT TELLS US

2

The Children's Commission's mandate is to review and monitor the child-serving system to enhance public accountability for the services government provides for children and youth. Part two provides an overview of the information we have across a number of critical dimensions, including:

- 1. How are we doing overall?**
- 2. How are we doing in relation to recommendations of the Gove Report Into Child Protection?**
- 3. What does the Children's Commission's information tell us?**
- 4. What did stakeholders tell us?**

The Children's Commission is working with the Ministry for Children and Families and the Provincial Health Officer to define essential health and well-being outcomes and indicators for children and youth. This work will assist us in comparing B.C.'s progress with other jurisdictions and progress over time so that we can speak more confidently about how children and youth are doing.

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Children and Youth in B.C.

According to the Provincial Health Officer's 1997 annual report, the overall health and well-being of B.C.'s children and youth is improving. Infant and child death rates have shown a continuous decline and are now much lower. For example, between 1994 and 1999 the annual number of infant deaths in the province fell from 288 to 155, and there was a decrease in the death rate from 61.7 per 10,000 to 34.7 per 10,000. This impact resulted largely from a decrease in deaths from Sudden Infant Death Syndrome (SIDS), better prenatal care for expectant mothers, and better care of infants after delivery.

TABLE 3: CHILD FATALITIES 1988 TO 1999, BIRTH TO AGE 18*

Year of death	Natural	SIDS	Accidental	Suicide	Homicide	Undetermined	All causes
1988	331	73	157	27	14	10	632
1989	332	77	151	25	11	4	600
1990	360	62	142	12	11	4	591
1991	294	71	114	22	17	7	525
1992	301	61	115	25	12	11	523
1993	257	52	153	12	4	4	482
1994	322	41	119	21	25	5	533
1995	284	47	120	23	12	3	489
1996	281	26	110	14	13	4	448
1997	252	25	107	27	17	12	440
1998	219	16	89	14	2	19	359
1999	190	9	85	15	2	52	353

* Source: B.C. Vital Statistics Agency

The B.C. Vital Statistics Agency records a slightly lower number of deaths because out-of-province deaths of B.C. children and deaths of out-of-province children in B.C. are included in commission counts but not in B.C. Vital Statistics Agency counts.

There are more undetermined deaths in the more recent reporting years because classifications of more recent deaths have not been finalized.



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TABLE 3: CHILD FATALITIES 1988 TO 1999, BIRTH TO AGE 18*

Year	Total Deaths	Number of SIDS	Number of deaths from SIDS	Number of deaths from other causes	Number of deaths from other causes excluding SIDS	Number of deaths from other causes excluding SIDS and undeter- mined	Total Deaths
1988	351	75	157	27	14	10	632
1989	332	77	151	29	11	4	609
1990	360	62	142	12	11	4	591
1991	294	71	114	22	17	7	523
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There are more undetermined deaths in the more recent reporting years because classifications of more recent deaths have not been finalized.

In addition, according to the McCreary Centre's 1993 Adolescent Health Survey, most students (86 per cent) rated their health as excellent or good.

While all this is good news, there is still cause for concern about some populations of children and youth who are more vulnerable to poor outcomes.

CHILDREN AND YOUTH LIVING IN POVERTY

"Families who are on Income Assistance or EI (Employment Insurance) are worse off than ever before. The result is that their kids are even more adversely affected. The recent observations about child poverty in Canada underscore the fact that more kids and families are living in poverty."

—A professional association

Far too many children are living in situations where lack of adequate housing and other essential supports is a key factor in their poor health and well-being.

- The 1997 Canadian poverty rate for all persons was 17.2 per cent, compared to a rate of 13.6 per cent in 1989. In 1997, the child poverty rate was 19.6 per cent, compared to 14.5 per cent in 1989.
- In B.C., approximately 60 per cent of children and youth in care come from families on Income Assistance.

ABORIGINAL CHILDREN AND YOUTH

Many Aboriginal communities are working hard to heal from the effects of historical and current conditions of oppression and racism. It is clear that these efforts have a positive impact on the health of their children and youth. Even with these significant efforts, however, Aboriginal children and youth experience negative life events in numbers greatly disproportionate to their numbers in society. We must continue to support Aboriginal communities in their quest to create healthier and safer communities. Recent studies have found a relationship between the involvement of Aboriginal communities in self-government and land claim activities and the improvement in the health and well-being of their children.

Death rates

- The incidence of SIDS deaths among Aboriginal infants is approximately six times that in the non-Aboriginal population.
- The youth suicide rate for Aboriginal male youth aged 10 to 19 is over eight times as high as that of their non-Aboriginal counterparts. For Aboriginal female youth, the rate is 20 times greater than for non-Aboriginal female youth.
- The death rate for Aboriginal children, for all other causes of death, is more than three times the death rate for children in the general population.
- While the news overall is not good, in the last 40 years the Aboriginal infant mortality rate in the first month of life has declined steadily to the point where mortality is now approaching the rate in the rest of the population.

Education

- From 1997 to 1999, the overall school graduation rate has increased from 74 per cent to 77 per cent. The rate of graduation for Aboriginal students has increased from 34 per cent to 38 percent over the same period.

In care

- In B.C., on average, 37 per cent of children and youth in continuing custody are Aboriginal, although Aboriginal children account for only eight per cent of the overall child population.

Health

- Recent estimates put the rate of Fetal Alcohol Syndrome (FAS) in the general population at 0.33 per 1,000 live births. Limited studies of Aboriginal populations suggest that their rate may be 10 times higher or more.
- Thirty-nine per cent of Aboriginal teens smoke, as compared to 29 per cent of all 15- to 19-year-olds nationwide.

CHILDREN AND YOUTH IN CARE

Children and youth in care are especially vulnerable to poor outcomes. While there is little current research in this area, we do know that, overall, children and youth in care experience poorer health and do less well in school than other children.

- The number of children in care decreased from 9,751 in 1998 to 9,660 in 1999.
- There was a 13 per cent increase in the number of children and youth in continuing custody in 1999—4,585 in 1999 as compared with 4,068 in 1998.
- The trend over the past 10 years has been towards an increase in younger children in care, indicating that children may be in care longer and therefore experience more placement changes.
- Of the care plans we reviewed the percentage of children in continuing custody who experienced 15 or more placements has decreased from eight per cent in 1998 to five per cent in 1999. Children and youth experiencing 10 or more placements decreased from 20 per cent to 15 per cent over the same period. While improvements in this area are being made, a significant number of children and youth still experience large numbers of placements; lack of permanency and consistency is therefore still an important issue.

CHILDREN AND YOUTH WITH SPECIAL NEEDS

There has been a growth in the number of children with special needs, primarily because of new medical techniques and treatments, better diagnosis, and higher survival rates of low birth-weight babies.

- One in five children in care is diagnosed with a severe physical, intellectual or behavioural disability.
- Fifteen to 19 per cent of children have delays in language development.
- About 10 per cent of children in B.C. have received special education support.
- About 18 per cent of children and youth in B.C. have a mental health problem.
- Between 200 and 300 babies born each year have the full features of Fetal Alcohol Syndrome (FAS).
- One hundred and fifty drug-affected babies were born in 1995/96, representing a six-fold increase over 1985/86. (This is partly the result of an improved ability to diagnose such cases.) The drugs involved in drug-affected babies are primarily cocaine and heroin.

CHILDREN AND YOUTH FROM CULTURAL AND ETHNIC MINORITY GROUPS

The issues facing children and youth from cultural and ethnic minority groups are often related to racism, language barriers and cultural conflict. When children from these families come into care, culturally appropriate placements for them are often lacking. There is a need for more culturally appropriate services for these children and their families. The multicultural community also needs to be an active participant in the process of developing solutions.

YOUTH

Youth crime

- Overall youth crime has decreased from a high of 26 per cent of all crime in 1991 to 18 per cent in 1998.
- The average number of youth in custody in 1998/99 in B.C. was 374, a 5.2 per cent decrease from the previous year.
- In Canada, violent crime committed by girls is increasing. There were 4,882 violent crimes committed by girls in 1994, compared to 5,652 in 1998.

Youth health

"I just try to keep everything balanced. The trick is to spend time with our friends, family, work hard at school, do sports, leisure activities, and take time out for yourself."

—High school student

- In Canada, between 1989 and 1998, the number of youth aged 11 to 15 who smoke remained constant at 17 per cent for boys and 23 per cent for girls; over the same period there was a decrease in the overall frequency of exercise.
- In 1998/99, 15 per cent of the adult population in Canada binge-drunk at least once a month, compared to 24 per cent of youth aged 15 to 19. Thirteen per cent of youth aged 15 to 19 binge-drunk in 1994/95.
- Teens aged 15 to 19 experienced injuries as a result of motor vehicle accidents at a rate of 319 for 100,000 population in 1998/99, as compared with 182 for adults aged 30 to 34.
- Save the Children Canada estimates that there are 10,000 sexually exploited youth in Canada. It is estimated that in Vancouver alone, 400 youth are being sexually exploited.

Measuring Progress in Relation to the Gove Report

Judge Thomas Gove's 1995 report made 118 recommendations for changes to legislation and practice, improvements in quality assurance in the child protection system, and fundamental changes in the way services for children and youth are governed and delivered. Shortly after receiving Judge Gove's report, the provincial government appointed a Transition Commissioner to examine the report's recommendations and give advice on implementation. In September 1996, the Transition Commissioner advised government to proceed without delay on most of Judge Gove's recommendations. The Ministry for Children and Families and the Children's Commission were established as a result of this advice.

The Gove Report continues to be relevant. It provides an important blueprint for the changes that need to be implemented in the child-serving system. It also assists the commission in its efforts to improve the child-serving system and in identifying priorities for future work.

PRINCIPLES SET OUT IN THE GOVE REPORT

- Child-centredness—core values that speak to:
 - why we protect children and see to their well-being
 - a multidisciplinary approach, and
 - a single voice for children at the Cabinet table
- Universality—a focus on the safety and well-being of all of B.C.'s children
- Public accountability—internal ministry quality assurance as well as independent review and monitoring
- Efficiency—value for the child for whom the service is provided, and value for money

WHAT HAS BEEN DONE SINCE THE GOVE REPORT WAS RELEASED

- Many of the legislative changes that were recommended have been implemented.
- A risk assessment model has been developed and is required to be used in child protection investigations.
- Child protection, guardianship, foster care and residential care standards have been developed and are required to be followed.
- Quality assurance audits for child protection and guardianship practice have been instituted.
- Recruitment of new child protection workers is now restricted to those with appropriate educational qualifications.
- The Ministry for Children and Families reports that all child protection staff have received risk assessment training.
- Training in suicide prevention, integrated case management, and the Looking After Children model of planning for children in care have recently been initiated.
- The establishment of the Ministry for Children and Families brought together most government services for children and youth other than K-12 education and acute care health services. (Child care was moved from the Ministry for Children and Families to the new Ministry of Social Development and Economic Security in the summer of 1999.)
- The Children's Commission was established and enabling legislation enacted.
- Pilot testing of Hawaii's Healthy Start model was undertaken in a number of regions of the province as part of the Building Blocks initiative.

- Twenty regional operating agencies were established with a high degree of autonomy to develop community-based service delivery models in consultation with community members. (Since February 1998, there has been a reduction in the regions to 11, with more centralized control over service delivery.)

While a start has been made on many of these initiatives, considerable work needs to be done to ensure that they are successfully and comprehensively implemented. Furthermore, in a number of instances, implementation is lagging behind the timelines that were committed to by the Ministry for Children and Families.

WHAT HAS NOT BEEN ADDRESSED: KEY AREAS

- province-wide implementation of an early intervention program
- ensuring that contract service providers receive training comparable to that received by ministry staff
- ensuring that services provided are based on best practices and that there are demonstrated positive outcomes for children
- ensuring that field staff have the ongoing training and supervision to carry out new policy and standards
- establishment of children's centres for the delivery of multidisciplinary services for children and youth
- devolution of responsibility for delivering services for children and youth to the community
- establishment of regional children's services boards
- designation of guardianship responsibility regionally

What We Have Learned From Our Work in 1999

The purpose of this section is to present key findings in a number of theme areas that cross the commission's child fatality/critical injury investigation, care plan review, and complaints resolution and review work. The theme areas are:

- promotion, prevention, early support and intervention
- child protection and guardianship
- case management and information sharing
- risk assessment
- Aboriginal children and youth
- youth.

KEY FINDINGS

Prevention and early support

The importance of prevention and early support and intervention is a persistent theme in all of our findings.

- Prevention and early support for all parents—particularly those who may be inexperienced, isolated, facing financial challenges, and/or without healthy support systems—is of critical importance in ensuring the well-being of infants and young children and in ensuring that problems are not allowed to compound over the years.

- Assessing the needs of children and youth in care, planning to meet those needs, and ensuring relative stability while in care are some of a number of key factors in helping to prevent or minimize adverse experiences for these children and youth.
- Many youth who committed suicide or who exhibited serious problems would have greatly benefited from programs aimed at early identification, prevention and support.
- Many children who have been the subject of complaint and tribunal reviews would greatly benefit from the timely provision of appropriate special needs services for the child and support services for her or his family.

CHILD PROTECTION AND GUARDIANSHIP

- A number of fatalities involve children and youth in care, and many of these deaths are associated with children who were medically fragile or who had other significant special needs. Other deaths examined by the commission involved children and youth who had long histories with the child protection system but who were not in care. A comprehensive report on deaths of children in care over a long period of time will be released by the Provincial Health Officer in 2000.
- Significant issues for vulnerable children and youth that are not being commonly addressed in the care plan are the child or youth's need and right to:
 - stability in out-of-home placement
 - be connected with family and community, especially as it pertains to the legislated right of Aboriginal children and youth to culturally sensitive planning
 - adequate educational opportunities

"The Supported Child Care Program provides children who have special needs with the one-to-one support they need in order to attend the daycare or preschool of their choice in their community. Children are now able to have equal access to preschool opportunities, which means their transition to school is smoother and in many cases reduces their need for one-to-one support once they enter the school system."

—A contracted service provider for people with disabilities

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"When children with disabilities are placed into care, it is critical that there be appropriate screening and training for the caregiver and a plan in place to meet the special needs of the child. Consistency in caregivers is critical for all children; however, it is even more important for children who have a disability."

—A disabilities advocacy group

- treatment for psychological and behavioural problems, including drug and alcohol rehabilitation and rehabilitation from the trauma of abuse and neglect, and
- support for the child or youth's transition into adulthood.
- Children and youth in care account for approximately 65 per cent of the subject children in complaints received by the commission.

Comment: When children and youth are at risk of abuse or neglect and/or when they come into care, it is essential that the child protection system respond by ensuring that adequate risk assessments are done, that key information is shared with the appropriate people and individuals, and that case management includes all those who have an interest in the ongoing health and well-being of the child or youth. When these elements of the child protection system are working effectively, children and youth are more likely to be safe and healthy.

CASE MANAGEMENT AND INFORMATION SHARING

- The general lack of a co-ordinated approach to service planning and delivery to vulnerable children and youth is a common theme running through the fatality reviews.

Comment: The educational system is a pervasive influence in the day-to-day life of many young people, and we need to improve information sharing among the education, mental health and child-serving systems.

RISK ASSESSMENT

Note:

Some of the deaths we reviewed occurred before the introduction of the risk assessment tool.

- While it is clear that the tools for risk assessment are in place, a common theme underlying the review of deaths of children or youth in care or known to the child protection system is the quality or inconsistency of risk assessment, either in planning services for these children or in the determination of whether and when they should have been in care.

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- Although there was evidence of improvement in the care plans reviewed in 1999, the quality and consistency of the assessment of need is an ongoing concern for the commission.

ABORIGINAL CHILDREN AND YOUTH

- Aboriginal children and youth are over-represented in all areas of the commission's work. Many deaths revealed the need to support efforts to enhance the community's capacity to identify and address the needs of its children and youth.
- Improvements have been made in the care planning for Aboriginal children and youth. As with non-Aboriginal children, compliance ratings have improved for Aboriginal plans of care. About half of Aboriginal children and youth in care did not have a cultural component to their plan of care (as is their right under the CFCSA).
- What continues to be of concern is the availability of culturally appropriate placements for Aboriginal children and youth. The Ministry for Children and Families has a legislated obligation to attempt to place Aboriginal children in culturally appropriate homes before placing them in non-Aboriginal homes.
- Aboriginal children and youth account for just over 30 per cent of the subject children in complaints received by the commission.

Comment: It is essential that Aboriginal children and youth see their culture and their lives reflected in the staff who work with them. Unions, school districts and the Ministry for Children and Families must continue to work together to increase the number of Aboriginal front-line and management-level employees in their workplaces.

"...unless Aboriginal people are working in child welfare, other workers will not be privy to the depth and soul of what it means to be Aboriginal and what it means to connect with people who share some common history and life experiences."

—First Nations teacher

YOUTH

- Evidence from the fatality investigations indicates a pressing need for government, service providers and communities to address the following issues related to the health, safety and well-being of the province's youth:
 - higher rates of unintentional injury or accidental deaths among rural and northern children and youth, including motor vehicle fatalities, drowning and deaths during other recreational activities
 - significant loss of life in motor vehicle accidents among youth (aged 13 to 19), often involving the deadly combination of alcohol, speeding and failure to use seatbelts
 - significant and ongoing resource gaps, including alcohol and drug and mental health services
 - a need for accessible recreational opportunities for youth
 - an ongoing need for education for front-line workers, communities and caregivers in order to better equip them to identify youth who may be considering suicide or who may be a threat to others
 - an ongoing need for community involvement and leadership to effectively respond to the needs of children and youth.
- Emerging issues with profound consequences for vulnerable youth are secure care and youth agreements.

Comment: While secure care may be a useful option for a small number of youth, it needs to be supported with assessment and planning and an array of adequate services in order to meet the needs of youth at very high risk. Any secure care option must also be part of a comprehensive continuum of services to youth. There is concern that youth agreements may serve only a small segment of the high-risk youth population who would potentially benefit from supported independence. This concern stems from the restrictive criteria that require the youth to meet at least two of the following criteria:

- addiction or severe substance abuse
- significant behavioural or mental health disorder

- Although there was evidence of improvement in the care plans reviewed in 1999, the quality and consistency of the assessment of need is an ongoing concern for the commission.

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- involvement in the sex trade
- homelessness or not attending school, work or therapy.

For both secure care and youth agreements, it is essential that the necessary supports and complementary services be available when required. These programs must also be carefully implemented if they are to succeed.

- "Youth voice" and participation in decision-making were major issues in the commission's care plan reviews, in its analysis of complaints and in consultation with youth.
- The involvement of children and youth in the development of their care plans appears to be decreasing when it should be increasing. (N.B. this may, in part, be due to more stringent definitions of involvement by MCF).
- Complaints where the subject child is a youth make up the majority of complaints received and reviewed by the commission.



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What Stakeholders Told Us

In the fall of 1999, key stakeholders were invited to meet with commission managers and to fill out a questionnaire to tell us what was working, what was not working, and where improvements need to be made. Commission stakeholders include multicultural agencies, Aboriginal organizations and service providers, educators, direct service providers, organizations representing persons with disabilities, advocacy organizations and the Youth in Care Network.

Stakeholders expressed a strong commitment to children and youth, a willingness to work as partners, and a willingness to engage in evolutionary change as long as there is a plan. In general there was concern about a reduction in resources in the system, the high workloads of workers, poor morale in the child protection system and the impact of reorganization on stability. Stakeholders want to see the Ministry for Children and Families improve its communication with stakeholder groups and to show more respect for care providers, especially foster parents.

Stakeholders were very supportive of the Ministry for Children and Families' overall strategic direction.

This section of the annual report briefly describes areas where stakeholders identified perceived improvements in the child-serving system, services and directions they supported, and areas where improvement is still needed.

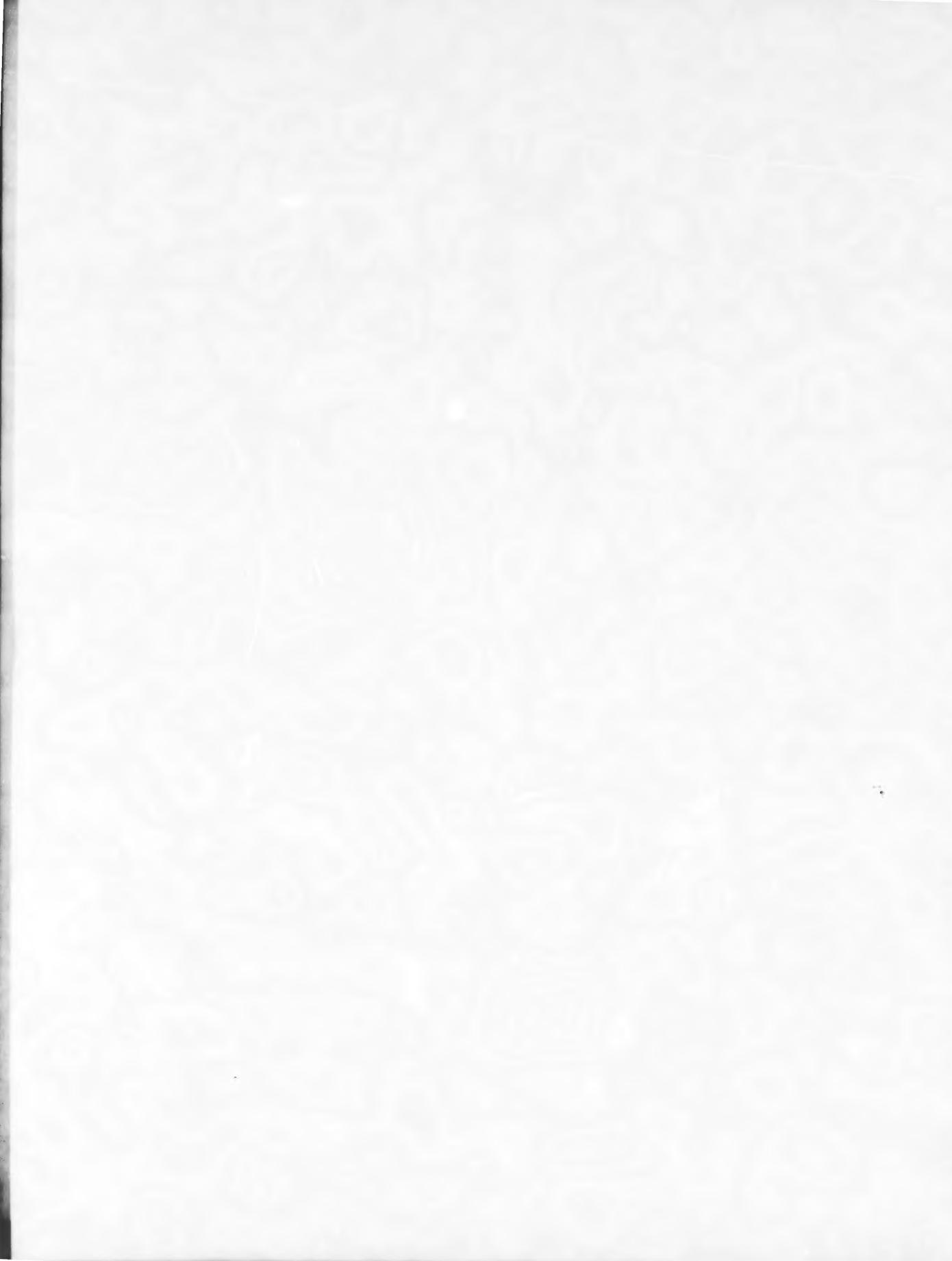
- programs that specifically address parenting capacity (e.g., *Building Blocks* and *Nobody's Perfect*)
- programs that are specifically targeted to ensuring that parents and other caregivers are aware of and tend to their children's early developmental needs (e.g., *Infant Development Program*)
- programs that address youth social functioning through mentoring and peer-based interactions (e.g., peer counselling)
- intensive family support programs for teens and pre-teens and their families
- programs that address young people's need for healthy role models
- the mentoring approach to promoting health, safety and well-being (especially favoured by Aboriginal stakeholders)

PREVENTION AND EARLY INTERVENTION

Stakeholders view prevention and early intervention not only as the preferred mode for addressing the issues of harm or potential harm to health, safety and well-being, but as the primary strategy through which to achieve a truly community-based approach to supporting children and families, and increasing community capacity.

However, a majority of stakeholders feel that prevention and early intervention programs have become less prevalent over the past three years. They believe this may be a result of the ministry's reduced capacity to deliver programs effectively, which they in turn attribute to:

- organizational changes, which they perceive as resource-intensive, disruptive and without any real benefit for children and families
- perceived budget cuts, and
- a lack of support for community-based providers and programs.



Programs most supported by stakeholders

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PLANNING FOR CHILDREN IN CARE

"[Ministry for Children and Families] policy...says the needs of First Nations will be met but no resources are provided. This pits agencies against each other. First Nations are lost in the big picture of stretching dollars.

In some cases, they are experiencing a loss of choice [regarding] resources they can use..."

—An advocacy group

Stakeholders were almost unanimous in their support for careful, comprehensive planning, and listed many strengths and benefits of conscientious care planning. However, stakeholders identified a variety of cost-related administrative and attitudinal threats to effective care planning, summarized by this stakeholder comment:

Current workload, administrative requirements, huge staff turnover, poor quality management, and constant under-funding have essentially limited the impact of numerous planning initiatives. If these issues are not addressed, we can keep importing different models without actually having much impact on the lives of children.

ABORIGINAL CHILDREN AND YOUTH

"Programs that are culturally designed and delivered will inherently improve cultural identity and self-worth. This movement cannot be exclusive; it must be one that complements the entire child-serving system."

—A contracted service provider

The Ministry for Children and Families is implementing an Aboriginal strategy meant to articulate the service principles and organizational commitments that should apply in the process of delegating child and family services authority to First Nations agencies and building capacity in all Aboriginal communities.

However, most stakeholders—including stakeholders who provide services for First Nations children—were unaware of the ministry's published strategy for Aboriginal service delivery. Clearly, more work needs to be done to increase awareness of the strategy.

YOUTH

Opinions were split among stakeholders on whether changes in the system in the last three years had made the lives of vulnerable youth more or less precarious. Those who believe there has been relative improvement cited:

- integrated service delivery
- support for community-based initiatives to address issues such as youth violence and suicide, and
- the growth in policy addressing high-risk youth.

Stakeholders listed strategies that effectively address the needs of vulnerable youth and the conditions that best support these strategies. Key themes included:

- working as partners with vulnerable youth, and relying on their expertise to craft interventions that address their individual needs
- addressing needs as challenges to achieving healthy development rather than viewing youth as "problems"
- providing a safe environment in which vulnerable youth can address their issues and stabilize their lives with the assistance of properly trained helpers.

Stakeholders were particularly positive about the real and potential benefits of street outreach work and more formalized integrated case management and service delivery as ways to address the needs of vulnerable youth.

Planning for permanency and transitioning to adulthood are primary concerns for stakeholders in addressing the issues of youth in care. But they say youth who are vulnerable to adverse outcomes or at risk of coming into care are not receiving the comprehensive attention they need to avoid becoming drawn into high-risk behaviour.

Those stakeholders who believe that the lives of vulnerable youth have become more precarious over the last three years focused on a perceived deterioration in service provision to vulnerable youth. They expressed particular concern about what they perceived to be the ministry's policy of moving youth aged 16 years and older out of government care, and the lack of adequate post-discharge supports to assist youth in coping with the post-care experience.

When asked to suggest improvements that would benefit vulnerable youth, stakeholders were overwhelmingly supportive of strategies that co-ordinate efforts of the educational and social service systems, and those of the child- and youth-serving system, communities and affected families and youth.

Charting the Future

Children and youth are the collective responsibility of all parts of our society. The 1990 Ombudsman's Report 22—*Public Services to Children, Youth and Their Families: The Need for Integration*, the 1995 Report of the Gove Inquiry into Child Protection, the Transition Commissioner's 1996 report, B.C.'s *Child, Youth and Family Serving System: Recommendations for Change*, and other similar reports in Alberta and Ontario told us that we were not adequately fulfilling that responsibility. Various changes have been made in recent years in an attempt to address our shortcomings. But are we doing better? The evidence—as shown in this report—suggests that while we may have improved in some areas, there are many areas where we still must do better.

BROAD DIRECTIONS

As a society

As a society, we need to actively listen to the views of children and youth. We also need to respect the rights of children and youth, as they have been set out in the United Nations Convention on the Rights of the Child. We must emphasize the importance of good parenting, and of the special commitment parents bring to the care of their children. Communities need to provide welcoming and safe environments for children and youth.

We also need to find better ways to measure what we do for children and youth. We need better information on how children and youth are doing generally, and how children who are being served by the system are doing. This is the only way we will know for sure what we are doing better, and

what we aren't doing better. The commission has begun work in this area and will continue to push the system to become more focused on outcomes and to use this information to better serve children, youth and their families. This is consistent with recent reports by the Auditor General of B.C.

But the heart of the matter is that as a society we must give children and youth a higher priority—by hearing them, valuing them, and investing our energies and resources in them.

At the federal level

From the federal government, we need co-operation with the province in advancing the National Children's Agenda, the first phase of which engaged Canadians in a dialogue about the importance of focusing on supporting children in their early years. In 2000, we need a commitment to the development of programs and an allocation of resources to ensure that a national program is implemented. A key element of that co-operation must be support for research on issues concerning children and youth, through funding, co-ordination, and information sharing. The federal government clearly must take action on child poverty, which, instead of being eliminated, appears to have increased.

The government has also been encouraged, by the commission and other organizations, to launch a national organ donor registry, which would save lives among both children and adults.

The federal government has in the past committed to a national child care program. There is extensive evidence that access to good quality child care will increase the health and well-being of children now and in the future. It is important that a national child care program receive more attention.

The federal Department of Indian and Northern Affairs Canada is a key partner in the delegation agreements being entered into by First Nations communities to provide child and family services on reserve. The success of the agencies providing these services depends to a large degree on the adequacy of the funding provided by the federal government. Currently,

"[The delegated agency] is unlikely to have a significant impact unless issues such as poverty, culturally appropriate education, culturally appropriate family support and culturally appropriate treatment resources are available."

—A professional association

"Poverty is a major contributing factor to most family problems. Poverty needs to be addressed first. The federal government needs to be held accountable for its commitment to abolishing poverty for Canada's children.... [Without a prior commitment to address poverty,] children will not be healthy or safe."

—A contracted service provider for persons with disabilities

these funding levels do not provide for any focus on prevention and early support. Federal government funding to on reserve schools should reflect the actual special education needs of those communities. Providing high-quality education is essential to improving the lives of Aboriginal people. Funding must increase so that First Nations communities can build their capacity to ensure the safety and well-being of their children and youth.

At the provincial level

Here in B.C., the provincial government and Cabinet must place a higher priority on children and youth. And there must be a universal and consistent approach to how we treat children and youth across government. Resources for children and youth should be protected in the same way that resources for health and education are protected. Currently, health and education are protected in the budget, yet other services for children are not; this implies that services such as child protection, guardianship, child and youth mental health, special needs and youth corrections are less important than going to school or seeing a physician. Clearly, these are all equally important. The child-serving system is one large continuum; it doesn't make sense to protect one or two parts of the system but not the others. Necessary services for children and youth should be seen as an entitlement, not an option.

A lack of integration of services across child-serving ministries continues to be a problem, as identified by the commission's fatality reviews. The Ministry for Children and Families is not the entire child-serving system; having a ministry for children doesn't eliminate the need for ongoing integration and co-ordination. More efforts are needed by all ministries and agencies that provide services for children to co-ordinate their services with those of others, particularly at the local level, but also at the provincial level. Clear protocols between ministries on key issues, and particularly for special needs children, need to be revised and implemented. And we need to be sure that all parts of the child-serving system, and important initiatives within it, are working in harmony with one another.

For example, the Ministry of Education must continue to support efforts to increase literacy in young children. It must also continue to ensure availability of alternative programs for those students who may have trouble succeeding in the "regular" schools. The Ministry of Social Development and Economic Security must continue in its role of improving the child care system and implementing the recently announced child care initiatives. And the ministries of Education and Attorney General must continue their joint efforts to reduce violence and bullying in schools.

The Ministry for Children and Families

Overall, many of the broad directions being taken by the Ministry for Children and Families are positive ones. The legislation and policy directions on which the ministry will operate are largely in place. However, the ministry now needs strong leadership and stability. With the many changes it has experienced, stability and consistent direction would now be welcomed. The ministry must still allow for some change, but its focus should now be more on achieving some good results than on constant change. A sharper focus overall, with fewer and clearer priorities, is needed. When the Ministry for Children and Families was created in 1996, a number of key priorities were identified, including prevention and early support, a youth strategy, an Aboriginal strategy, and better planning and services for children. The successful implementation of these strategies should continue to be priorities for the ministry in 2000 and the years ahead.

Strong, effective leadership will also help to make better use of the ministry's most valuable resource—its staff. The vast majority of ministry staff are genuinely committed and are working hard in the best interests of children, but morale is a concern. Staff need to feel involved in the decision-making process. They also need improved support and training if they are to successfully implement the key priorities of the ministry.

"Health and education have protected funding; children's services do not. These are all interconnected. As soon as a child is identified by education as having special needs, there is an automatic entitlement—they then go home and land on a waiting list."

—An advocacy organization

Communities

Healthy children, youth and families are essential to the health of a community. Communities and neighbourhoods should see as their collective responsibility the health and well-being of the children and youth who live there. Youth need to be actively involved in decisions affecting them in their communities. Community and municipal leaders should consider the well-being of children and youth in their plans and policies, particularly in providing accessible recreational opportunities.

Over the past two years, the Children's Commission has had the opportunity to hear from hundreds of youth. The resounding theme is that respect goes both ways: if you want safe and healthy communities, then adults need to welcome youth by putting a priority on ensuring they have a voice in finding solutions to community problems—rather than viewing them as a community problem or burden.

Parents and families

"Help kids with their problems, don't let their needs go unnoticed, encourage them to do their best, tell them how great they are."

—Grade 8 student

Parents have the primary role in ensuring the health and well-being of the next generation. Children and youth need the support of their parents if they are to develop into strong and active participants in their families, neighbourhoods and communities.

Parents should actively take advantage of the parenting resources available through government and their community. We need to ensure that they have readily accessible services—especially for those parents who are vulnerable because of isolation and other risk factors.

Extended families can have a powerful and positive influence on children and youth. We therefore need to ensure that our policies and programs always consider the important role and contribution of the extended family.

PRIORITIES FOR 2000

This report has addressed how our child-serving system is doing—what is working well and what is not. In this section of the report, we have also laid out some overall directions for society, governments, communities and parents. While there is a great deal to do over the next few years, it is important to establish a small number of tasks that can be done in 2000, specifically by the Ministry for Children and Families, which will help to improve the system. Based on our work and the information we have, the commission believes the ministry must accomplish and be held accountable for the following items:

1. Early intervention

- Expand the Building Blocks initiative, which includes FAS/FAE prevention, preschool enrichment and home visiting projects, to make it a province-wide program.
- Develop a comprehensive prevention and early support strategy, accompanied by a clear implementation plan that shows a steady increase in funding for early intervention over the next three years. This increase in funding must not result in a decrease in funding for other necessary services.

2. Aboriginal children

- Increase the number of Aboriginal foster homes.
- Develop clear implementation and evaluation plans for the Aboriginal strategy, identifying timelines, resources and expected outcomes for 2000.
- Increase involvement of the Aboriginal community in all aspects of the provision of services for Aboriginal children and youth, particularly in planning for Aboriginal children and in delivering culturally appropriate services.
- Increase the number of Aboriginal workers in the child-serving system.

3. Youth

Being involved in their care plan is a right afforded to children and youth in care under the Child, Family and Community Service Act.

Involvement could mean having the child, youth or an advocate attend a plan of care meeting, or engaging them in the planning process in other ways.

- Provide adequate resources and supports to meet the mental health needs of youth.
- Increase the involvement of children and youth in the development of care plans. There should be a dramatic increase in the involvement rate in 2000 from the 1999 rate of 33 per cent. The ministry must strive for an involvement rate of 100 per cent.

4. Special needs

- Complete the comprehensive review of services for special needs children currently underway and develop a clear plan for implementing the new policy framework.
- Develop and publicly distribute a clear and consistent policy for waitlist management across the province.
- Significantly reduce the number of children on waitlists and develop a clear plan to further reduce waitlists in 2001 and 2002. The goal must be to eventually eliminate waitlists for children who will be harmed if the services they need are not provided in a timely fashion.

5. Children and youth in care

All children and youth have a right to a fully compliant care plan. This is of critical importance to their current and future health and well-being, as a care plan is intended to assess their needs and describe a plan to address those needs.

- Increase the number of foster homes for multicultural/ethnic communities, by working more closely with and supporting groups within those communities.
- Increase the full compliance rate of care plans from 20 per cent in 1999 to at least 50 per cent in 2000 on initial reviews, and a significantly higher compliance rate after the Director's involvement.

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6. Other priorities

- Increase emphasis within the ministry on measuring outcomes for the services it provides, including the development of a set of indicators to measure progress in the child protection system.
- Begin to look at models of community accountability—such as that recommended in the Gove Report—by conducting community consultations. In the longer term, the system needs to become more decentralized with consistently greater decision-making and accountability at the regional and local levels.

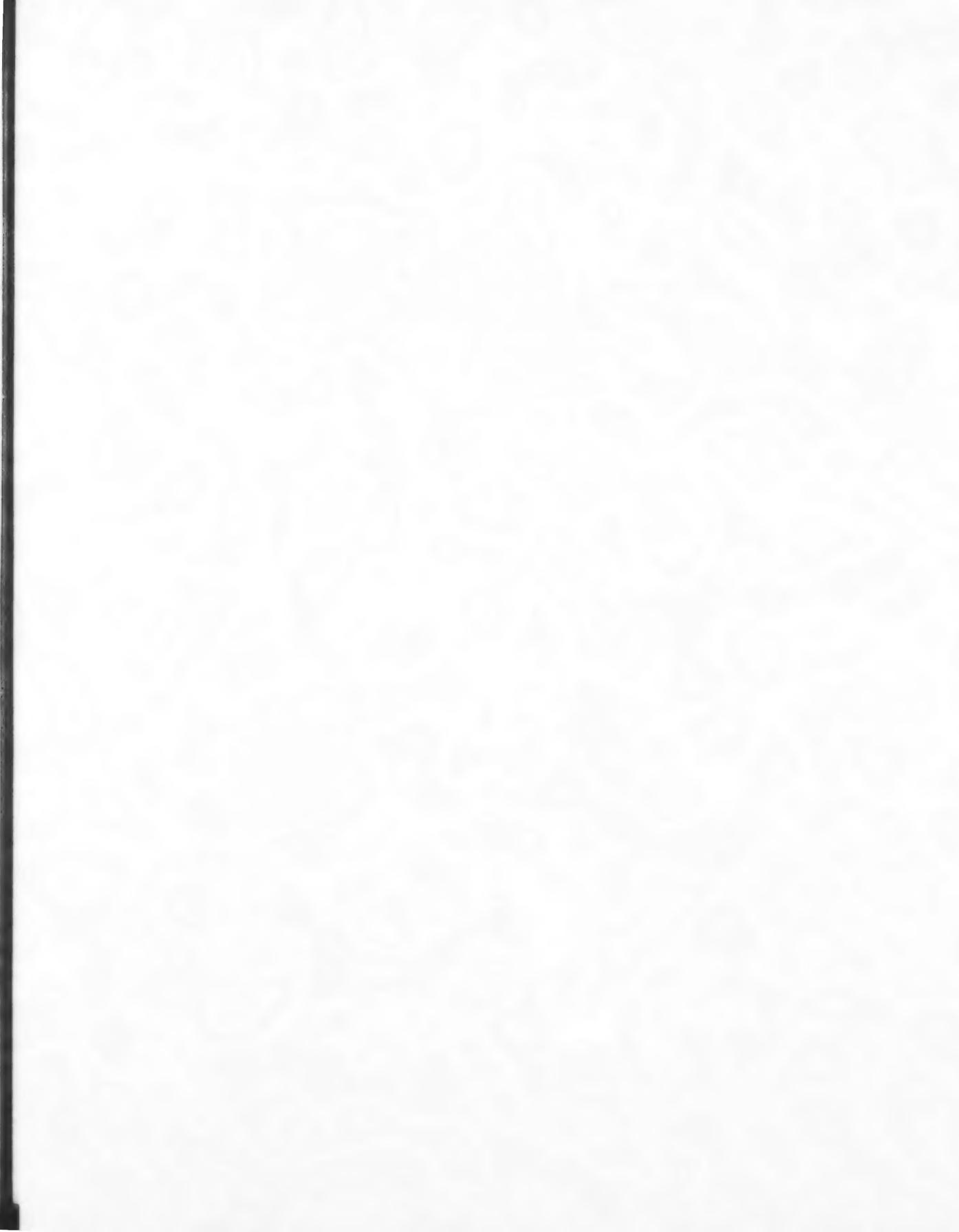
While we have focused on the Ministry for Children and Families, it is important to emphasize that other parts of government and society need to do their part to ensure improvement in the child-serving system.

RESTORING PUBLIC CONFIDENCE

Finally, and most importantly, the Ministry for Children and Families and government must take steps to ensure the restoration of public confidence in the services they provide. This can only be accomplished by having a ministry and its staff committed to:

- working respectfully and collaboratively with its clients and communities
- consistently aiming to improve services
- advocating for children and youth
- providing training and support for front-line service delivery
- delivering services that are consistent with available best practices.

Leadership and strong management are of critical importance to achieving this. Consistent leadership must come from Cabinet and the ministry executive, as well as from the people throughout the ministry who are



6. Other priorities

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Leadership and strong management are of critical importance to achieving this. Consistent leadership must come from Cabinet and the ministry executive, as well as from the people throughout the ministry who are

responsible for improving services for children, youth and their families. This kind of leadership should be recognized and encouraged.

At the end of the day, we need to be able to measure whether the system is improving or not. Clear evidence of improving results is an important way to improve public confidence in our child- and youth-serving system. In other areas, such as the education system, we know what standards our children should meet and we have ways of measuring their success. We need to come to expect the same ongoing information from all parts of the child-serving system—and, in particular, in the child protection system.

There have been many reports over the past 10 years on how to improve the lives of children and youth, and a growing level of frustration and cynicism that nothing is changing. We know that prevention and early supports are good investments; we know that youth need services that are relevant and accessible to them; we know that Aboriginal communities need to be more strongly supported in caring for their children and youth; we know that children in care require consistency and stability. There is little disagreement that these things need to happen. We don't need further studies—we need to focus on implementation and action. Our children and youth deserve nothing less.

"I know that in this world, everything including us humans is different. Each of us is unique and a star in different ways...I know that in our world nobody could ever replace me no matter what. That's what makes me feel special in everyday life."

—Elementary school student



APPENDICES

**APPENDIX A: CHILDRENS COMMISSION
1999/2000 BUDGET**

**APPENDIX B: ORGANIZATION OF THE
CHILDREN'S COMMISSION**

**APPENDIX C: CHILDREN'S COMMISSION
STAFF IN 1999**

**APPENDIX C: MEMBERS OF THE
MULTIDISCIPLINARY TEAM IN 1999**

APPENDIX D: TRIBUNAL DIVISION IN 1999



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Appendix A: Children's Commission 1999/2000 Budget

(Budget shown as of March 31/2000—Subject to fiscal year-end
adjustments)

TOTAL OPERATIONAL BUDGET: \$2,993,000

	Amount (\$)	Percent of budget
Salaries and benefits (27 staff*)	1,887,978	63%
Multidisciplinary team and complaint review tribunal panels	148,228	5%
Commission staff travel	53,184	2%
Operational contracts (legal advice, research and evaluation, investigations, medical advice, etc.)	361,726	12%
Information systems	84,635	3%
General office and business expenses	198,895	7%
Communications (annual report, youth report, brochures, etc.)	106,686	3%
Building occupancy	143,000	5%

* Full-time employees (FTEs) at the Children's Commission by area:

Complaint resolution and review	4
Tribunal panel support	2
Fatality investigations	9
Care plan review	2
Information management	2
Program development	3
Finance and administration	3
Commissioner's office	2



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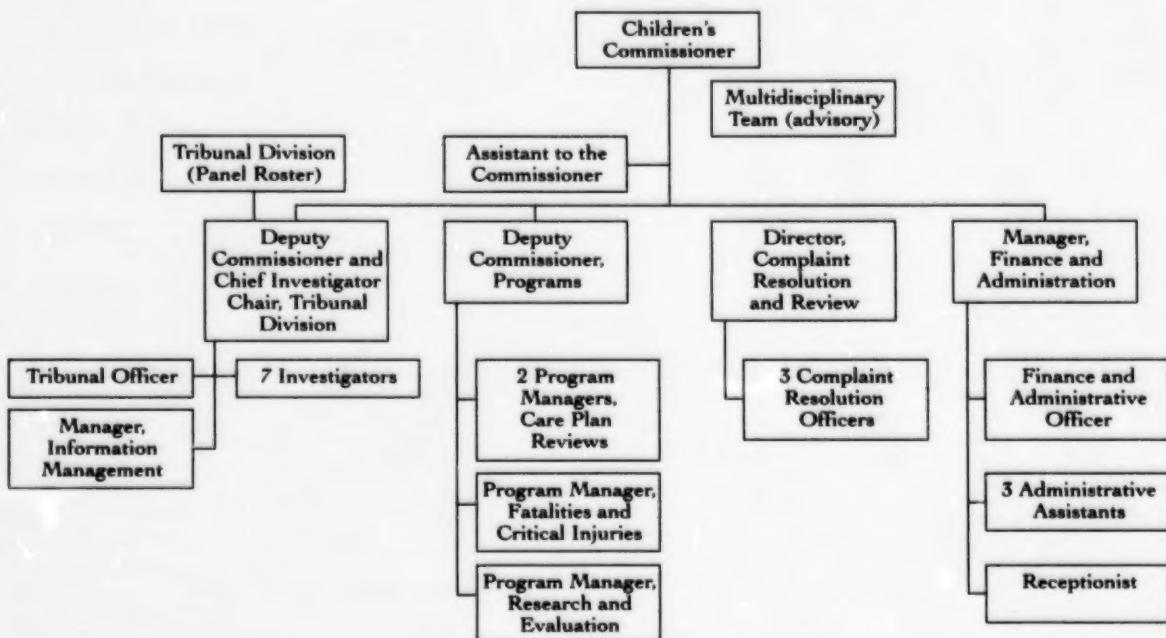
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Appendix B: Organization of the Children's Commission





Appendix C: Children's Commission Staff in 1999

Tom Anderson	Adrian Lentz
Lauri Balson	Jeannie MacPherson
Nancy Bell	Alain Mailhot
Lorraine Calderwood-Parsons	Sarahlin Malo
Anne Colwell	Glenna McEwen
Scott Denoon	Richard Mercer
Janet Donald	Cindy Morton
Don Easton	Michael Olson
Michael Egilson	Paul Pallan
Brock Enderton	Chris Peterson
Wendy Ferguson	Deborah Quinn
Dulcie Fernandes	MaryLynne Rimer
John Greschner	Hendrik Roelants
Kirsten Ingram	Frances Sasvari
Wendy Johnston	Anne Savard
Eric Jones	Torri Seale
Robin Junger	Michelle Stack
Kate Kimberley	Donna Thompson
Stacie Kirkpatrick	Joy Ward
Krishna Klear	



Appendix D: Members of the Multidisciplinary Team in 1999

The multidisciplinary team meets regularly with the Children's Commissioner and the Chief Investigator to provide advice regarding findings and recommendations made in fatality reports.

Paul Pallan

Children's Commissioner

John Greschner

Deputy Commissioner and Chief
Investigator

Torri Seale

Program Manager

Fatalities and Critical Injuries

MULTIDISCIPLINARY TEAM MEMBERS

Jim Anglin

Associate Professor

School of Child and Youth Care

University of Victoria

Dr. Jean Hlady

Director, Child Protection Service Unit

Children's and Women's Health

Centre of B.C.

Larry Campbell

Chief Coroner

David Kelpin

Counsellor, Student Services

Victoria High School

Inspector Paul Cheney

OIC Contract Policing

Royal Canadian Mounted Police

Jamie Kershaw

Local Development Officer/Team Leader

Federation of B.C. Youth in Care Network

Elaine Herbert (Shuswap)

Executive Director

Vancouver Aboriginal Child and Family

Services Society

Deputy Chief John Lane

Victoria City Police Department

Kelly MacDonald

Barrister and Solicitor

Ian Mass

Deputy Child, Youth and Family
Advocate of B.C.

Nella Nelson

Coordinator, First Nations
Education Division
Greater Victoria School District

Dr. Penny Parry

Child and Youth Care Expert

Dr. Shaun Peck

Deputy Provincial Health Officer

Elizabeth Robinson

Social Work Consultant

Dr. Richard Stanwick

Regional Medical Health Officer
Capital Health Region

Dr. Roger Tonkin

Executive Director
McCreary Centre Society

Joy Ward

Policy Consultant
Health Association of B.C.

Dr. Glenn Taylor

Head Autopsy Service
Children's and Women's Health
Centre of B.C.

Jennifer White

Director, Suicide Prevention, Information
and Resource Centre
University of British Columbia

Appendix E: Tribunal Division in 1999

Tribunal panels provide for an independent and impartial review of complaints about violations of the rights of children in government care, and complaints about decisions made by the Ministry for Children and Families regarding services to children. Panels to review specific cases are drawn from a roster of members who have been appointed by the Attorney General.

John Greschner

Deputy Children's Commissioner
Chair, Tribunal Division

TRIBUNAL PANEL MEMBERS

Jerry Adams

Executive Director
Urban Native Youth Association

Dr. Kwadwo Ohene Asante

Clinical Assistant Professor, Paediatrics
University of British Columbia

Shashi Assanand

Executive Director
Vancouver and Lower Mainland
Multicultural Family Support Services
Society

Susan Brice

General Manager
Better Business Bureau of Vancouver
Island

Lynn Carter

Department Chair
Social Service Worker Department
Langara College

Greg Eng

Recreation Manager (Vancouver East)
Manager of Youth Services
Vancouver Board of Parks and Recreation

Bruce Hardy

Executive Director
Westcoast Family Resources Society

Terry Harris

Barrister and Solicitor

Susan Irwin

Social Worker

Donna Jones

Former Chair, Victoria School Board,
Past President, B.C. School Trustees
Association

Teresa Lum

Youth Advocate

Sandra McEwan

Barrister and Solicitor

Jane Parlee

Consulting Executive Director
Step by Step Child Development Society

Shelley Rivkin

Director

Social Services and Community Safety
Division
Justice Institute of B.C.

Perry Shawana

Barrister and Solicitor

Maurice Squires

Program Director
Nisga'a Child and Family Services

Richard Vedan

Associate Professor, School of Social Work
University of British Columbia

GLOSSARY

Aboriginal children: Includes children of First Nations with a land base, Métis Nation communities, and urban Aboriginal people (status and non-status); and Inuit children.

Administrative fairness: a measurement used to determine if organizations provide the following to the people they serve:

- availability and timeliness of information and communication;
- accessibility of services;
- provision of notice of the outcome of investigations or of decisions;
- adherence to the organization's legal authority to act;
- information about and access to appeal, review and complaint procedures;
- clarity of roles in the organization; and
- involvement of clients in the program planning.

Building Blocks: Ten prevention and early intervention pilot sites established in 1998 by the Ministry for Children and Families. Some are based on the lay home visitor model from Hawaii, some focus on prevention of FAS/FAE, and some provide enhanced preschool experiences for at-risk preschoolers.

child: A young person who is less than 19 years old.

child in care: A child who is in the custody, care or guardianship of a Director or the Director of Adoptions.

continuing custody: A child in continuing custody is in the permanent care of the Director of Child Protection. A judge makes the decision as to whether a child should be in permanent care.

Director: A person who is designated to be responsible for child protection services, including preventive family services, child protection investigations and guardianship services for children in care. The Director is designated by the Minister for Children and Families under section 91 of the Child, Family and Community Service Act.

FAS/FAE (Fetal Alcohol Syndrome/Fetal Alcohol Effect): FAE is a cluster of abnormalities occurring in children born of women who had high levels of alcohol consumption during pregnancy. FAE is a less severe set of the same symptoms.

guardianship: Includes all the rights, duties and responsibilities of a parent.

integrated case management (ICM): A model that ensures service providers involved with a child or youth and his or her family work together to assess needs and plan for appropriate services for that child, youth or family.

Looking After Children: A model for preparing plans of care, based on a development and assessment model used in Britain for the past 10 years.

multidisciplinary team: A group of individuals with a variety of professional backgrounds (e.g., doctors, social workers, police, coroners and community service providers), who meet to review the Children's Commission's draft fatality reports and advise on the content of the reports and any subsequent recommendations. Members of the multidisciplinary team are listed in Appendix D.

plan of care: Regulations under the Child, Family and Community Service Act require the Director to prepare a plan of care for each child in government custody. Plans of care are required to provide detailed information about the child, describe the services to be provided to the child and the child's parent, and describe how those services will meet the child's needs.

secure care: This is a service option being explored by the Ministry for Children and Families. It is intended to provide short-term protective custody for youth who are a danger to themselves or who are engaging in high-risk behaviour, in order to assess their needs and plan for treatment or other services.

special needs children: Children who have a mental or physical disability or behavioural or emotional problems.

Sudden Infant Death Syndrome (SIDS): The sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation that includes an autopsy, examination of the death scene and a review of the clinical history. The actual cause of death attributed to SIDS is unknown.

tribunal panel: A roster of individuals from a variety of disciplines who have been appointed by the Attorney General to be part of the Children's Commission. Members of the tribunal panel may be called upon by the Children's Commissioner to independently review complaints about breaches of rights or about decisions concerning Ministry for Children and Families services to a child, and determine if a breach of rights has occurred or if a complaint about a decision is justified. They can order that the breach discontinue and that the ministry reconsider the decision, and make recommendations to solve the complaint. Members of the tribunal panel are listed in Appendix E.

youth: There are many possible age ranges for youth. The Children's Commission defines youth as young people between the ages of 13 and 19.

youth agreement: A provision of the Child, Family and Community Service Act. A youth agreement is a legal agreement between the ministry and a high-risk youth, and may provide for one or more services, such as residential, educational or other support services, and/or financial assistance. Youth who have the capacity to live independently, who cannot return home and are at high-risk are most likely to access services under a youth agreement, if they meet the eligibility requirements and are willing and motivated.

Youth in Care Network: An organization of young people who are either currently in care or who have been in care. The B.C. network, which is affiliated with the National Youth in Care Network, advocates for and provides support for children and youth in care.



FOR MORE INFORMATION

HOW TO CONTACT US

Please contact us if you:

- would like more copies of the annual report
- would like to comment on the annual report
- need further information about the work of the Children's Commission, or
- wish to make a complaint about a breach of a child's or youth's rights, or about provision of services to a child or youth.

Location 4th Floor, 1019 Wharf Street, Victoria, BC

Mailing address PO Box 9207, Stn Prov Govt, Victoria, BC V8W 9J1

Internet address www.childservices.gov.bc.ca

Phone (250) 356-0831

Toll-free phone 1-800-859-1441

Fax (250) 356-0837

COMPANION DOCUMENTS FOR WEIGHING THE EVIDENCE

If you wish to receive any of the following program area reports, please contact the Children's Commission:

- Fatality and Critical Injury Reviews
- Recommendations and Responses Tracking
- Comprehensive Plans of Care Reviews
- Complaint Resolution and Review

NOTES